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Mar 25, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051535

1. Corporation Name

PAINTED PUPPY PRODUCTIONS, INC.



Principal Place of Business

2155 WEST BUSCH BLVD TAMPA FL 33612

Mailing Address

2155 WEST BUSCH BLVD TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

New Address

New address

2. Principal Place of Business

21 2730 West Watous Ave.

2a. Mailing Address

26 2730 West Watous Ave

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

59-3451202

Applied For

Not Applicable

Suite, Apt. #, etc.

22 TAMPA, FL

Suite, Apt. #, etc.

27 TAMPA, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip Country

24 33614 25

Zip Country

29 33614 30

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS  
15210 AMBERLY DRIVE SUITE 328  
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE

NAME O'DEA, PATRICK  
STREET ADDRESS 2155 WEST BUSCH BLVD  
CITY-ST-ZIP TAMPA FL 33612

TITLE D  DELETE

NAME KIMENKER, JASON  
STREET ADDRESS 2155 WEST BUSCH BLVD  
CITY-ST-ZIP TAMPA FL 33612

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* REQUIRED

3/22/99

Date

813-932-2006

Daytime Phone #

CR2E034 (11/98)